

365-PT service

Local experience sharing

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Current Service Gap

High service volume

- High volume of lower **limb fracture** and **arthroplasty** due to a 'fragility' fracture & aging population

NICE guidance & other evidence

- Early mobilization protocols with **physiotherapy assessment & mobilization** for early recovery of functional mobility.

Current mismatched practice

- **Weekend & public holiday (117 days):** only life-saving maintenance e.g. chest ³ physiotherapy (PT), **BUT NO mobilization**

Service Strategic Framework(Rehab)

- Physiotherapy Restorative Rehabilitation Program for **Post-op LL fractures** and **arthroplasty** on Weekends and Public Holidays

365-PT service



Participating Hospitals

- 1st Phase: **PYNEH**, QMH, QEH, UCH, YCH, PWH, TMH (7 clusters)

Ortho COS
support



Caseload

Staff
readiness

Service Scope



Walking aids
prescription/**Home
discharge support**

Walking gait
re-education

mobility/transfer
training

Muscular
strength
training

365-early
mobilization in
acute care

Neuromuscular
stimulation



Points to consider-staff issues

- Increased rosters of holiday duty
 - therapists
 - supporting staff
- Roster style : whole dept vs the "promoted"one
- Ranks involved: SPT, PTI and PTII
- Staff competence-not every staff worked in Ortho team

Points to consider-operation issue

- Heavy case load esp. in winter surge
- Extended sat service
- Pre-existing: "home if walk-well program" in Sun/PH



Points to consider-others

- Increased adm/paper work
- Patient being occupied by busy ward routines
- Case load: Not enough vs Too much
(close monitoring needed)



Resources and Target

- From Oct 2017-Mar 2018
- **Additional** attendance: 2300/year
(1150/half year)
- Manpower: 1 PTI and 1 supporting (PCAII)

How about increased bed numbers afterward?
Increasing demand???

Target for PYNEH in 17/18

- Not just 1150 (from Oct 2017 to Mar 2018)

But 3499

Baseline 2349 (16/17)

No. of attendance from Apr to Sept 2017
1418

So we need: extra 2081

Challenges for PYNEH

- PYNEH PT already providing mobility training for Ortho. on sat
- MCP for fracture hip (mobilization in post-op day 2)
- Sun/PH : "home if walk well" program for ortho cases

? Pioneer Reward



Performance monitoring



Outcomes

- Mobility: MFAC, EMS
- Pain: NPRS
- Ambulation status: walking aids

LOS

Discharge destination



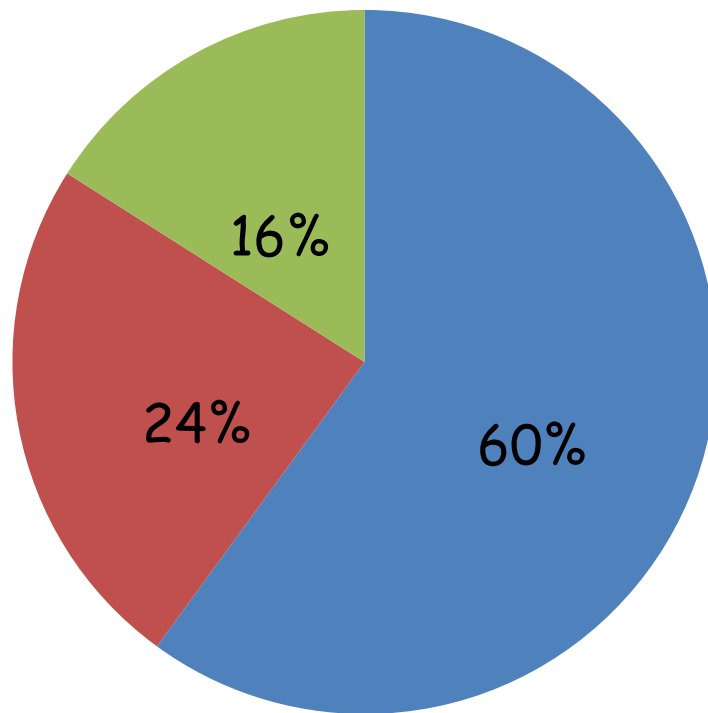
Added value in PYNEH ???



Results-1

- Total Attendance and case mix
- 3697/3499(106% achievement)

365 cases treated Oct 2018- Mar 2018

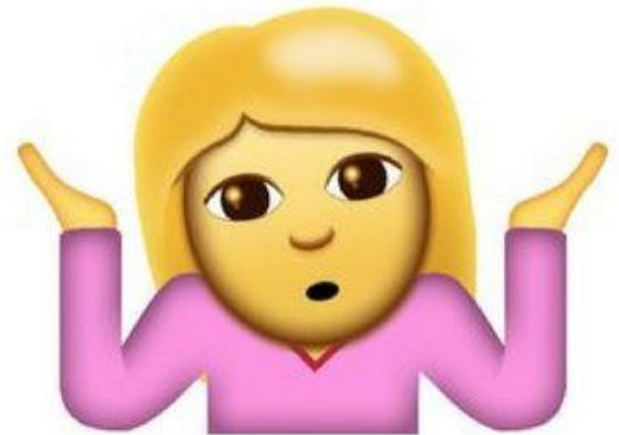


Total 1156 attendances

- Post-op patients with hip fracture
- Post-op patient with arthroplasty
- Post-op patients with lower limb fracture

Results-2

- No marked change in **functional** outcome



Results-3

- Mild shortening in LOS for fracture hip post-op cases



Results-4

- LOS also decreasing trend as the program progress



Results-5

- Also mild decreased in LOS in arthroplasty

Oct 2017-Mar 2018: 8.50 days

April 2017-Sept 2017: 9.19 days



Results-6

- Discharge Destination
: higher % of patient can discharge home from convalescent hospital

17/18: 65%

15/16 and 16/17 : 55%

- "Home if walk well" in Sun/PH
: higher successful rate

17/18:65%

16/17:55%



Possible reasons for the outcome

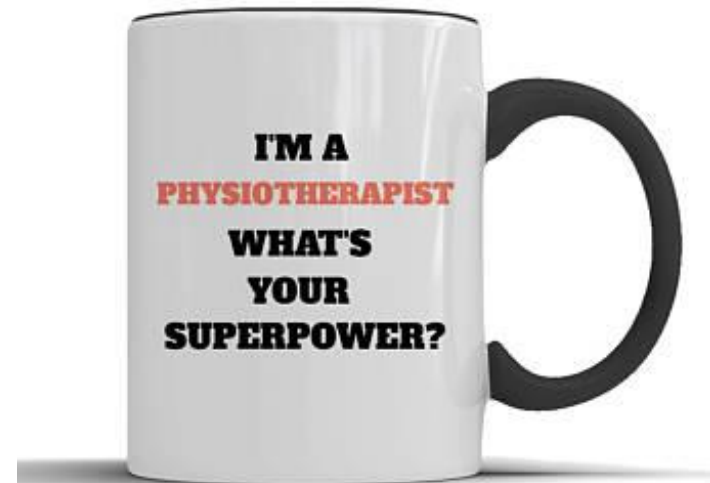
- Start **early mobilization**/ambulation Rx
- More **intensive** physiotherapy training
- Decrease **complications** due to immobility
- Better **pain** management
- Change the attitudes of patient (**no rest day**)
- More chance to **engage relatives** for ward training

(自由行, 家人陪行)



Conclusions:

Preliminary results suggest that 365-days active physiotherapy intervention facilitates earlier discharge of patient in acute setting and in the long run may have better functional outcome as reflected in the higher rate of home-discharge.



What next?

- ? Shortened in overall LOS (acute settings and convalescent hospital)
- 365 service OT/PT for stroke
- ? Extend to other ortho. casemix
- ?? PT-365 mobility training for surgical/medical cases
- ???PT-365 for ICU early mobilization



Thank You

